

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11964525	(X3) DATE SURVEY COMPLETED 01/26/2015
NAME OF PROVIDER OR SUPPLIER Clare Bridge Of Tallah	STREET ADDRESS, CITY, STATE, ZIP CODE 1980 Centre Pointe Blvd. Tallahassee, FL 32308	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

Revisit Corrected Tags:

0025-Resident Care - Supervision-01/26/2015
0079-Staffing Standards - Levels-01/26/2015
0083-Training - First Aid And Cpr-01/26/2015
0165-Risk Mgmt & Qa; Adverse Incident Report-01/26/2015

0000-Initial Comments

On 1/26/15 an unannounced Revisit survey was conducted at Clare Bridge of Tallahassee Assisted Living Facility.
At the time of the revisit all deficiencies were found corrected.



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

January 30, 2015

Administrator
Clare Bridge Of Tallah
1980 Centre Pointe Blvd.
Tallahassee, FL 32308

RE: CCR# 2014011199

Dear Administrator:

This letter reports the findings of a state licensure complaint survey revisit conducted on January 26, 2015 by a representative of this office.

Attached is the provider's copy of the State Form (5000-3547), which indicates the previously cited deficiencies were found corrected on the day of the revisit. **You will not receive a copy of this report in the mail; you will only receive this faxed report.**

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call me at 850-412-4540.

Sincerely,

Donah Heiberg, M.S.W.
Field Office Manager

DH/kb
Enclosure

DT9D

